
INTAKE, REFERRAL, AND TIME FRAMES

SA-5100 INTAKE, REFERRAL AND TIME FRAMES
REISSUED 11/01/2012

I. Explanation of SA In-Home Option

When an individual contacts the county department of social services regarding SA, the adult services intake worker or the SA income maintenance caseworker (IMC) must explain to the applicant about the SA In-Home (SA/IH) payment option that allows eligible individuals the opportunity to live in a private living arrangement (PLA) and receive assistance as an alternative to residential facility care. Explain that applicants for SA/IH must also qualify for Medicaid for Adults as categorically needy. Explain the Medicaid eligibility criteria.

Ask the individual if he/she is interested in this option. If the individual is not interested in SA/IH, document the individual's choice to make application for SA and process the application using current Special Assistance policy.

II. Collaboration and Communication during Eligibility Determination.

The determination of SA/IH financial eligibility and the social work assessment are conducted simultaneously for SA/IH applicants. In order to complete this process it is essential that the SA IMC and the adult services case manager establish and maintain open lines of communication to keep each other informed about the status of the SA/IH applicants.

Appendix A, SA/IH Flow Chart, outlines the process of taking an application from intake to implementation of services and payment authorization.

A. Policy Manuals

The SA In-Home Program Manual has policy that is unique to the SA In-procedures for SA/IH.

1. The SA In-Home Manual, sections SA-5000 through SA-5500, provides eligibility policy and procedures specific to the SA/IH Program. Unless otherwise instructed in the SA-IH manual, follow policy in the SA Manual.
2. [SAIHCM-5600, Case Management Policies and Procedures](#) is used for case management policy and procedures.

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3. SAIHCM-5700, User's Manual contains instructions on using the automated RAI-HC assessment tool. Case management functions should be consistent with the case management program guidelines under which they are billed.

B. Referral Process

1. When an individual applies for the SA/IH program, a referral must be made to the adult services section. **It is the county's responsibility to decide which section (Income Maintenance or Adult Services) will maintain and assign the slot authorization numbers.**
2. Use Appendix B, SAIHCM Pre-screening Form or the DSS-8194 to make the referral.
3. The referral must be made to the adult services section by the end of the next business day after the applicant's date of application for SA/IH. A case manager will be assigned, and will begin to make arrangements with the applicant to conduct the social work assessment.
4. The referral must include the SA/IH authorization number and the applicant's EIS individual ID number. Both numbers are required fields on the RAI-HC assessment completed by the adult services case manager.

C. Processing the SA/IH Application

1. If the SA IMC or the adult services case manager finds that the applicant **meets the eligibility requirements**, they must communicate the findings to each other in writing.
2. If the SA IMC or the adult services case manager finds that the SA/IH applicant **does not meet the eligibility requirements**, they must communicate this to each other in writing.
 - a. If an applicant does not meet eligibility criteria for SA-IH (financial or other reason) the SA IMC must notify the adult services case manager immediately so the case manager can deny and close the assessment due to ineligibility.

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- b. If an applicant does not meet the needs criteria (needs **cannot** be met at home or if the applicant does not have a financial or services need) and is not eligible for SA/IH, the adult service case manager must notify the SA IMC immediately.
- c. If the case manager determines the applicant is not eligible for SA/IH the SA IMC will deny the SA/IH application.
- d. The SA IMC **must** evaluate for eligibility for SA if the applicant chooses placement or for Medicaid if the applicant chooses to remain in the community.

III. Time Frames

A. SA/IH Eligibility Determination

- 1. The application processing time frame for SA/IH is the same as it is for SA; 45 days for SAA and 60 days for SAD. The date the applicant signs the DSS-8124 starts the application process. All application processing rules for SA apply to SA In-Home applications. See SA-3110 Application Process, for instructions.
- 2. The SA IMC must inform the adult services case manager of the application date as well as the corresponding processing deadlines. Inform the case manager of any applications pending beyond the application processing times.
- 3. The completed, signed FL-2 **indicating the appropriate residential facility level of care** must be received during the application processing time period.
- 4. The effective date of SA/IH benefits can **begin no earlier than the date of the SA/IH application, and/or the date all SA/IH eligibility requirements are met.** If the applicant does not meet all SA/IH eligibility requirements until a later date during the processing time frame, the benefits will be effective the date all eligibility requirements are met.

Example 1: Mr. Davis applied for SA/IH on January 12, 2012. However, he was not a NC resident for 90 days until February 2, 2012. Mr. Davis is not eligible for SA/IH benefits until February 2, 2012.

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Example 2: Mr. Brown applied for SA/IH on January 12, 2012. He provided an FL-2, signed by his family physician dated January 3, 2012, recommending **residential facility** level of care. He met all other SA/IH eligibility requirements. He is eligible to begin receiving SA/IH payments effective January 12, 2012.

Example 3: Mr. Smith applied for SA/H January 3, 2012. He provided an FL-2, signed by his physician on January 12, 2012 recommending **residential facility** level of care. He met all other SA/IH eligibility requirements. He is eligible to begin receiving SA/IH payments effective January 3, 2012.

B. Comprehensive and Economic Resources Assessments

1. Scheduling the Assessments

The adult services case manager schedules a face-to-face assessment at the Private Living Arrangement (PLA) in which the
See SAIHCM-5600, Case Management Policy and Procedures for exceptions to this requirement.

In these cases, the assessment can be initiated elsewhere and the case manager will follow-up later with a home visit. The case manager must verify that the PLA is appropriate for SA/IH.

2. Conducting the Assessments

The adult services case manager must conduct the initial face-to-face assessment visit within 10 workdays of receiving the referral from the SA IMC. The case manager and the SA IMC should communicate to ensure that contact has been made between the applicant and the adult services case manager.

The adult services case manager must complete the assessment, Appendix I, SAIHCM Economic Worksheet, and the client's service plan within 30 calendar days of the initial assessment visit.

The service plan must be approved and signed by the adult services case manager and the applicant (and/or representative) within 7 calendar days of the date the SA/IH payment is approved and authorized in EIS by the SA IMC.

North Carolina Department of Health and Human Services

Division of Aging and Adult Services

Adult Services Section

SPECIAL ASSISTANCE IN-HOME PROGRAM

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The adult services case manager cannot approve the client in the RAI-HC automated assessment system for the SA/IH program until the SA IMC determines the applicant meets all financial eligibility criteria.